2015 Medical SHOP Bronze Plans

Plan ID/ Form Schedue #	96751NH0160008	19304NH0160001		19304NH0170001		19304NH0210001		61163NH0400001
Issuer	Anthem	Maine CHO		Maine CHO		Maine CHO		Minuteman Health
	Anthem Bronze	Walle Cito		ividine crio		Munic Crio		
Plan Name	Pathway X HMO 6000	Community Option HSA		Community Option		Community Basic		MyDoc HMO Bronze
	30 6600 Plus							HSA 6000
Metal Level	Bronze	Bronze		Bronze		Bronze		Bronze
Product Type Network Coverage	HMO NHN002	PPO NHNOOI		PPO NIENOSS		PPO NHN001		HMO NHN002
Network Coverage	<u>INTINUUZ</u>	<u>- 11111</u>	Out of Network	<u> </u>	Out of Network	<u> </u>	Out of Network	NTINUUZ.
Deductible-								
Individual/Family	\$6000 / \$12000	\$5000 / \$10000	\$7500 / \$15000	\$5000 / \$10000	\$7500 / \$15000	\$4000 / \$8000	\$7500 / \$15000	\$6000 / \$12000
Coinsurance	30%	50%	60%	50%	60%	20%	40%	0%
Max Out of Pocket-								
Individual/Family	\$6600 / \$13200	\$6450 / \$12900	\$12500 / \$25000 Not Covered	\$6600 / \$13200	\$12500 / \$25000 Not Covered	\$6450 / \$12900	\$12500 / \$25000 Not Covered	\$6450 / \$12900
Preventive Care	No Charge	No Charge	Not Covered	No Charge	Not Covered	No Charge	Not Covered	No Charge
	\$35 Copay for first							
PCP Visits	three visits, thereafter							
(not wellness)	30% Coinsurance after	10% Coinsurance after				10% Coinsurance after		No Charge after
	deductible	deductible	Not Covered	\$ 45	Not Covered	deductible	Not Covered	deductible
Specialist Visits								
	\$35 Copay for first							
	three visits, thereafter 30% Coinsurance after	50% Coinsurance after	60% Coinsurance after	50% Coincurance after	60% Coinsurance after	20% Coinsurance after	40% Coinsurance after	No Charge after
	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible
	30% Coinsurance after	50% Coinsurance after	60% Coinsurance after	deddelisie	60% Coinsurance after	20% Coinsurance after	40% Coinsurance after	No Charge after
Urgent Care	deductible	deductible	deductible	\$ 140	deductible	deductible	deductible	deductible
Outpatient Facility/Surgical Center	\$250 Copay and 30%							
	Coinsurance after	50% Coinsurance after	60% Coinsurance after	50% Coinsurance after	60% Coinsurance after	20% Coinsurance after		No Charge after
	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible
Emergency Room	\$250 Copay and 30% Coinsurance after	50% Coinsurance after	50% Coinsurance after			20% Coinsurance after	20% Coinsurance after	No Charge after
Lineigency Room	deductible	deductible	deductible	\$ 825	\$ 825	deductible	deductible	deductible
Inpatient Hospital	\$500 Copay per Stay							
Services	and 30% Coinsurance				60% Coinsurance after	20% Coinsurance after		No Charge after
	after deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible
Generic Drugs	\$ 15	10% Coinsurance after deductible	30% Coinsurance after deductible	\$ 30	60% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	No Charge after deductible
	J	deddelibie	deddelibie	y 30	deddelibie	deddetible	deductible	deddetible
Preferred Brand Drugs	\$35 Copay after							
	deductible- Separate							
	drug deductible of							
	\$250 individual/\$500						40% Coinsurance after	
Donalda Mardinal	family		deductible	deductible	deductible	deductible	deductible	deductible
Durable Medical Equipment	30% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	50% Coinsurance after deductible	60% Coinsurance after deductible	20% Coinsurance after deductible	40% Coinsurance after deductible	20% Coinsurance after deductible
Equipment	acadelibic	acaactibic	ucuuctibic .	acaactibic	deductible	acaactibic	acadetibic	acaactioic
	\$35 Copay for first							
Chiropractic Care	three visits, thereafter							
	30% Coinsurance after	50% Coinsurance after			60% Coinsurance after	20% Coinsurance after		No Charge after
	deductible	deductible	deductible	deductible	deductible	deductible	deductible	deductible
Adult Dental	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered
Pediatric Dental	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered